

# Invisible Suffering



MSF

**Prolonged and systematic detention of migrants and asylum seekers in substandard conditions in Greece**



# MSF Operations in Immigration Detention Facilities In Greece 2008-2014



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***“Even prison is better than here.  
You went in and saw – you are witnesses.  
If there is justice,  
someone should assert our rights.”  
34<sup>1</sup>-year-old man, 17 months in detention***

***“Please help us. I don’t think detention solves  
any problems. How would you feel if you were in  
my position? If I became you and you became me,  
what would you do?”  
16-year-old boy, six months in detention***

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<sup>1</sup> Ages recorded are those declared by the person interviewed.

# INTRODUCTION

**Médecins Sans Frontières/Doctors Without Borders (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural and manmade disasters, and exclusion from healthcare.**

MSF has been providing medical and humanitarian assistance to migrants and asylum seekers in Greece since 1996, using its own funds. Since 2008, this has included responding to the urgent medical and humanitarian needs of migrants confined in administrative detention. During this period, MSF has repeatedly communicated its concerns about the harmful impact of detention on the health and wellbeing of migrants and asylum seekers, and the unacceptable conditions in which they are detained, to the authorities responsible in Greece and to the European Union (EU).

This report outlines MSF's grave concerns about the situation of migrants and asylum seekers in administrative detention in Greece today, based on MSF's recent work in three pre-removal centres and four police and border police stations in the north of Greece<sup>2</sup>, as well as on the findings of assessments conducted during 2013 and 2014 in another 27 regular and border police stations, coastguard facilities and pre-removal centres across Greece<sup>3</sup>.

## **MSF'S WORK IN IMMIGRATION DETENTION FACILITIES IN GREECE**

MSF teams have been providing medical and humanitarian assistance to migrants and asylum seekers held in detention since 2008, in the absence of health-care provision by the authorities. Over this time, MSF has provided 9,921 individual medical and mental health consultations and run seven separate projects:

- Pagani on Lesbos island (summer of 2008 and 2009)
- Fylakio in Evros; Venna in Rodopi (Aug 2009-April 2010)
- Tycheron and Soufli in Evros (Dec 2010-April 2011)
- Fylakio Tycheron, Soufli, Feres in Evros; Venna in Rodopi (Aug 2011-Oct 2012)
- Fylakio, Tycheron, Soufli, Feres in Evros; Komotini in Rodopi; Paranesti in Drama (Dec 2012-April 2013)
- Police stations on Lesbos island (Oct-Dec 2012)
- Fylakio, Soufli and Feres in Evros; Komotini and Iasmos in Rodopi; (Oct 2013-Mar 2014)

During 2013-14, MSF teams carried out 5,441 medical consultations, made 365 referrals to secondary health facilities and made 100 referrals for dental care<sup>4</sup>. They provided scabies treatment to more than 1,500 migrants.

Twenty-two migrants were released on medical grounds as a result of MSF's response. MSF teams also distributed essential relief items to detained migrants, including 6,662 personal hygiene kits and 1,648 sets of clothes, shoes and sleeping bags.



2 Pre-removal centres in: Fylakio (Evros), Komotini, and Paranești (Drama). Police detention facilities: Soufli, Feres, Tycherō (Evros) and Iasmos (Rodopi).

3 Police stations and coastguard detention facilities in: Attica region (8), Achaia (1), Korinthia (1), Thesprotia (2), Halkidiki (1), Evros (2), Greek-Bulgarian border (1), Greek-former Yugoslav Republic of Macedonia (FYROM) border (2), Greek-Albanian border (1), Lesvos police station (1), Samos police station (1), Leros police station (1), Chios coastguard facility (1), Limnos coastguard facility (1). Pre-removal centres: Xanthi, Korinthos and Amygdaleza.

4 Providing dental care became possible in the Evros area in cooperation with the regional dental association which volunteered to help detained migrants.



Komotini detention centre, 2014

## THE CONTEXT: ADMINISTRATIVE DETENTION OF MIGRANTS AND ASYLUM SEEKERS IN GREECE

The systematic detention of migrants and asylum seekers is increasingly being used, worldwide, as a core migration management tool – including by European Union member states – to restrict the influx of migrants and to pressurise detained migrants into joining voluntary return programmes. At the same time, the detrimental impact of detention on migrants' health and wellbeing is largely disregarded by the authorities and ignored by host societies.

In Greece, undocumented migrants are routinely detained when apprehended on the territory without valid documents<sup>5</sup>. Since the summer of 2012 and the launch of widespread police checks – known as 'Operation Xenios Zeus'<sup>6</sup> – administrative detention has been used on a massive scale, applied, in many cases, for the maximum, limit of 18 months. Migrants whose forced or voluntary return does not take place within the initial detention period run the risk of repeated detentions – as recorded by MSF teams on the ground. Meanwhile, people who apply for asylum can be detained for lengthy periods of up to 15 months<sup>7</sup> while their asylum application is examined.

Detention is applied indiscriminately, without any guarantee that cases will be assessed individually, even for those with no prospect of being returned in the short-run. Vulnerable people –including the sick and unaccompanied minors – are not identified as such and are routinely placed in detention. The estimated number of migrants and asylum seekers detained in immigration detention facilities according to the official capacity exceeds 6,000<sup>8</sup>. Additionally an unknown number of people – possibly several thousand – are being held in substandard and degrading conditions in regular police stations across the country.

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<sup>5</sup> Law 3907/2011, transposing the EU Return Directive, Immigration Law 3386/2005.

<sup>6</sup> Between August 2012 and February 2013, the police forcibly took almost 85,000 foreigners to police stations for immigration status verification based on little more than their appearance. No more than 6% were found to be in Greece unlawfully. Human Rights Watch, *Unwelcome Guests: Greek Police Abuses of Migrants in Greece*, June 2013.

<sup>7</sup> Presidential Decree 114/10.

<sup>8</sup> Pre-removal centers of: Korinthos (capacity 1,000), Amygdaleza (capacity 2,000), Komotini (capacity 540), Xanthi (capacity 480), Paranesti Dramas (capacity 600), Fylakio (370). Other immigration detention facilities: Samos (capacity 280), Lesbos (90), Chios (100), Petrou Rali (350), Elliniko (120) and several smaller ones in Attiki, and Thessaloniki.

# 1. DETENTION: CAUSE OF ILLNESS



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Migrants and asylum seekers in detention suffer from medical problems caused or aggravated by the substandard conditions, the length of detention, and the lack of consistent or adequate medical assistance. MSF's experience demonstrates that detention is a cause of suffering and is directly linked to the majority of the health problems for which detained migrants require medical attention<sup>9</sup>.



***“Because I am a prisoner  
for a long time, I feel that my mind  
is not working well anymore.”***

**22-year-old man, 5 months in detention**

## **1.1 IMPACT OF DETENTION CONDITIONS ON MIGRANTS’ PHYSICAL HEALTH**

***“When I first started working in the detention centres, I was shocked by the conditions. Apart from the really limited space in which people are packed, another major problem is sanitary conditions, especially in the latrines, which are in a dreadful state.” MSF doctor***

In many detention facilities – particularly in regular police stations and in the pre-removal centre in Komotini – physical conditions are extremely poor. Overcrowding, substandard hygiene conditions, inadequate heating, not enough hot water and a lack of ventilation are all factors that contribute to the outbreak and spread of respiratory, gastrointestinal and dermatological diseases.

In 2013-14, MSF’s medical data<sup>10</sup> shows that the most common complaints were upper respiratory tract infections (24.7%); gastrointestinal disorders (14.7%); musculoskeletal problems (13.7%); skin diseases (8.5%); and dental problems (7.9%). The recurrent scabies outbreaks observed in many detention facilities are indicative of the substandard conditions, as the spread of the disease is directly linked to poor sanitary conditions. During 2013 alone, MSF teams had to carry out two separate scabies control interventions in most of the detention facilities where they worked. In some detention facilities, MSF also

observed the unacceptable practice of distributing a single razor to be shared by more than one person, putting those in detention at risk of the transmitting infections such as HIV, hepatitis B and hepatitis C.

***“Most of the diseases I treat are connected to the detention circumstances. For example, it is too humid – I have seen patients who sleep on completely wet mattresses. People also face problems related to their psychological condition, and they have sleep disorders and psychosomatic issues.” MSF doctor***

The risk which detention conditions pose to the health of detained migrants and asylum seekers has also been reported by the European Centre for Disease Prevention and Control (ECDC) after a delegation conducted a field visit to Greece in 2011<sup>11</sup>.

<sup>9</sup> MSF report: Migrants in detention – Lives on hold, 2009-10 (<http://www.doctorswithoutborders.org/article/greece-lives-hold>) / MSF report: Emergency intervention in Evros, 2011 (<http://www.msf.org/article/more-60-percent-medical-problems-faced-detained-migrants-evros-greece-caused-inhumane-living>) / MSF report: Medical assistance to migrants and refugees in Greece, 2013 [http://www.msf.org.uk/sites/uk/files/greece\\_refugees\\_2013.pdf](http://www.msf.org.uk/sites/uk/files/greece_refugees_2013.pdf)

<sup>10</sup> Statistics derived from 3,203 medical consultations which took place between October 2013 and March 2014.

<sup>11</sup> “The main problem is the increased risk for communicable diseases in the detention centres, mainly linked to severe overcrowding, lack of hygiene, lack of basic supplies (eg blankets, shoes, soap etc), lack of the possibility for outdoor activities and the long duration of detention. The conditions in the centres are below the internationally accepted minimum standards in all visited detention centres. It is well documented that overcrowding increases the risk for communicable diseases spread, such as tuberculosis, diarrhoea, upper respiratory infections etc.” *European Centre for Disease Prevention and Control, Evros field visit report*, April 2011.



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## SUBSTANDARD AND DEGRADING DETENTION CONDITIONS

Physical conditions in detention facilities for migrants remain largely substandard, despite the availability of European funding and small improvements in some facilities<sup>12</sup>.

***“Komotini detention centre is not a good place even for animals. It is very dirty. The toilets are not working. The piping system is broken. Excrement is falling from the toilets on the first floor to the ground floor. People are locked up inside almost all day. We are allowed in the yard one hour in the morning and one hour in the evening. And not always every day. Komotini is not a detention***

***centre – it is a stable for animals.” 28-year-old man, seven months in detention***

- Sanitary conditions are substandard as maintenance, cleaning services and distribution of personal hygiene items are completely or almost non-existent. In some facilities there is no or insufficient provision of hot water. In the pre-removal centre in Komotini, malfunctioning hygiene facilities have not been repaired for almost a year. As a result, waste from the toilets on the first floor is flooding the bathrooms on the ground floor, contaminating the area and making more than three-quarters of the latrines and showers unusable.
- Limited access to sanitary facilities is a problem for migrants detained in Feres border police station in



MSF

Evros and in a number of police stations visited by MSF teams, as people are locked in cells most of the time without direct access to the latrines or shower areas.

- Many detained migrants have no or limited access to the outdoors. In the detention facilities in Evros and Komotini, where MSF teams worked in recent months, migrants were allowed in the yard for a maximum of one hour in the morning and one hour in the afternoon. In the regular police stations visited by MSF teams, detainees spent several months at a time – in some cases for as long as 17 months – inside the cells area with no access to the outdoors.

***“In the 24 hours of the day, they take us out only for one hour. If only they left us in the yard a little***

***bit more, to get tired, to distract ourselves.”***  
**23-year-old man, five months in detention**

- The lack of natural light, ventilation and heating is a serious problem in many detention facilities, particularly in regular police stations, where people detained in cells often have no access to natural light and fresh air.

***“Now in this police station I have not seen the sun in three months.”*** 28-year-old man, seven months in detention

- Overcrowding, exposure to cold and a poor diet also have an impact on the health of detained migrants.

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12 European Return Fund and European External Borders Fund.

## 1.2 LACK OF ROUTINE MEDICAL ASSESSMENTS AND FOLLOW-UP

The health risks to which detained migrants and asylum seekers are exposed are related not only to the substandard detention conditions, but also to the lack of medical screening available. The majority of the detained migrants and asylum seekers are not new arrivals, but were detained on the mainland or trying to leave Greece. Therefore, most have not passed through the newly established 'first reception' system, which includes a medical assessment process.

As a result of the absence of initial medical assessments, MSF teams have identified people in detention with serious chronic and communicable diseases, such as tuberculosis, some of whom had interrupted their treatment. Not only were these people detained in conditions harmful to their health for lengthy periods of time, but no measures were taken to protect other detainees from possible disease transmission. Even if there are few such cases, the public health risk, both for fellow detainees and for staff working in the detention facilities, should not be understated.

## 1.3 LACK OF ACCESS TO HEALTHCARE

Limited and erratic access to health services for detained migrants has been an ongoing problem. Frequent and sometimes lengthy gaps in the provision of healthcare in immigration detention centres, as well as the lack of routine medical assessments, have led to patients with serious medical conditions being neglected, and at times to their treatment being interrupted.

Medical services have been available for limited periods of time and only in the larger detention centres, through the implementation of EU-funded projects by the Hellenic Center for Disease Control and Prevention (HCDCP), through subcontracted civil society organisations. Moreover, the Ministry of Public Order and Citizen Protection has implemented EU-funded projects for limited periods of time employing psychologists in some immigration detention facilities.

Where there are no medical staff present in detention facilities – which is always the case in regular police stations – detained migrants have to depend solely on police staff. In essence this means that policemen have to take on duties of a medical nature and decide who needs medical attention, how urgent the medical problem is, and arrange for referrals to health facilities. As police staff lack the necessary expertise to identify and follow up on health conditions, there is a high risk of serious medical cases being neglected.

Practical difficulties related to transporting patients, to the requirement for police escort of patients and to the lack of interpreters, pose additional obstacles for detained migrants to access health services. The cost of treatment can be yet another barrier for undocumented migrants held in detention, even though in principle the medical expenses of detainees should be covered by the state.

A related concern is the fact that undocumented migrants are entitled to only restricted access to the public healthcare system – by law they may access medical care only in cases of emergency. This poses significant constraints for the follow-up of detainees with medical problems both during and following their detention, as access to treatment is not ensured.

***“Before the arrival of MSF, there was no doctor. The police officers behaved badly to anyone who requested a doctor. They didn't pay any attention – even when the problem was serious. Many times I have needed a doctor myself, but there was no response.”***  
**21-year-old man, 11 months in detention**

***“To tell you the truth, the way they are treating us is very cruel. I had a severe toothache and I was asking for a doctor for several weeks. Eventually I was taken to the hospital because I was bleeding after pulling out the tooth myself.”*** 34-year-old man, 17 months in detention

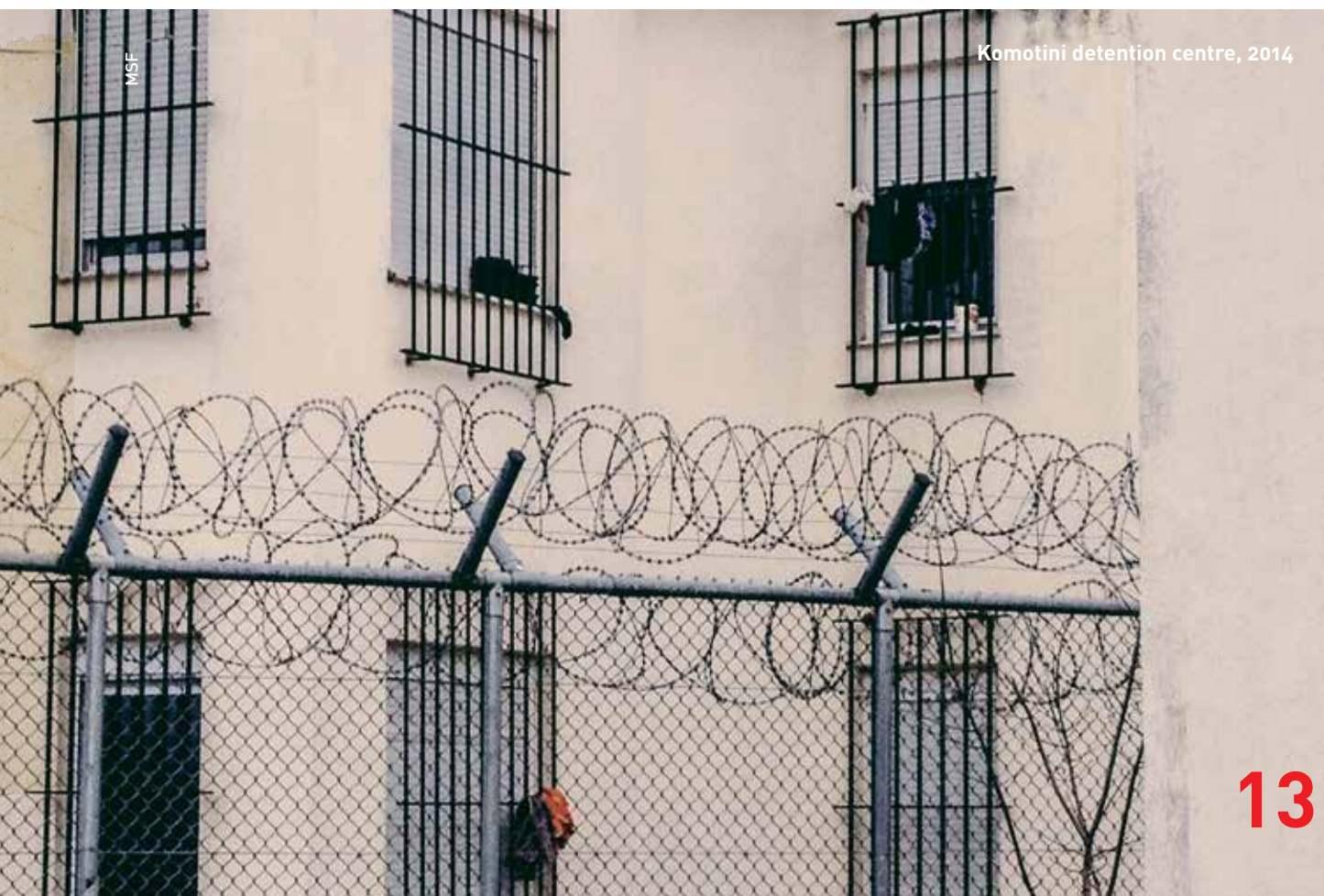
## 1.4 IMPACT OF DETENTION ON MIGRANTS' MENTAL HEALTH

Detention can be severely detrimental to the mental health of migrants and refugees. MSF's experience shows that being detained is the single most important cause of stress and frustration for the majority of migrants. Symptoms of anxiety, depression and psychosomatic manifestations were observed in many patients. Bad living conditions, overcrowding, constant noise, inactivity, dependence on other people's decisions and uncertainty about the future, all contributed to detainees' psychological distress.

***"Now I'm starting to have psychological issues. After such a long time we are not well anymore. We have lost our hope. I am beginning to have insomnia. I was 72 kg; now I have reached 64 kg. I cannot express in words the situation we are in."***  
**34-year-old man, 17 months in detention**

For detained migrants and asylum seekers, the lack of information and communication with the outside world are factors that exacerbate their psychological distress.

***"I have been for more than nine months in detention. My problem is that it has been eight months since I was last able to communicate with my family. I do not have money to buy a phone card. I asked two people who have left the detention centre to call my family to let them know that I am ok, but I do not know if they have been able to find them."*** 20-year-old man, detained for more than nine months in Komotini pre-removal centre, where detainees are not allowed to keep their mobile phones, while using the payphone is prohibitively expensive



In addition, detention contributes to the suffering of patients who have already been through traumatic experiences. It is indicative that 36% of the patients seeking psychological support during MSF's most recent response<sup>13</sup> reported previous exposure to violence. Detention exacerbates pre-existing symptoms, hinders the healing process, and contributes to further trauma and psychological distress. It is not uncommon for desperate migrants to go on hunger strike, to self-harm and even to attempt suicide.

***“Their disappointment and their difficulties to solve their problems make them react in extreme ways. There are incidents when people climb on the roof and threaten to jump off. An image I will never forget is seeing these people on the roof, yelling to show their great disappointment, and then the sound of a body crashing to the ground... What I strongly recall is the sense of injustice that tortures them – they tell us: ‘We aren’t criminals; we shouldn’t be here; we can’t understand why we are being detained for such a long time simply for not having a formal document.’” MSF psychologist***

Complaints by detainees about the indifference displayed by police staff – as well as their sometimes aggressive and belittling behaviour – are also not uncommon.

***“The police officers do not respect anyone. You can’t talk to them. When you ask them for something, they yell at us, they curse us. Sometimes they hit us. 20-year-old man, five months in detention***

***“There was a guy who was already 12 months in detention. On the day that he was to be released, he was told the law had changed and he would be kept in custody another six months. He went mad, stopped eating and sewed his mouth. The police officers paid no attention for two or three days. When he fainted he was taken out in handcuffs and a knife was used to open his mouth by force.”***  
**16-year-old boy, nine months in detention**

Such incidents are not surprising considering the prison-like facilities used for the detention of migrants, the fact that often the only outsiders with whom migrants have direct contact and can place requests are police staff, and the overall criminalisation of irregular migration.

The lack of interpreters and the limited provision of information regarding their rights is another major cause of frustration, anxiety and tension for the detained migrants. In most detention facilities for migrants, even in the larger ones, there is no permanent presence of interpreters or intercultural mediators, with the exception of interpreters hired for the needs of specific EU-funded projects and for limited periods of time.

***“The police were saying that anyone who makes a request for asylum will be kept in custody for 18 months, while those who do not will be released earlier, and therefore I decided not to request asylum. 16-year-old boy from Afghanistan, nine months in detention***

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<sup>13</sup> October 2013–March 2014.

## 2. DETENTION OF VULNERABLE PEOPLE AND THOSE IN NEED OF INTERNATIONAL PROTECTION



MSF medical teams have identified several extremely vulnerable people in detention, including patients with serious chronic or infectious conditions whose treatment had been interrupted - in some cases - because of detention; people with physical disabilities who had to be carried around on a blanket or chair by other detainees; people with mental health disorders; unaccompanied minors; and certified victims of torture.



Melina Spathari/MSF

Vulnerable people are subjected to lengthy periods in detention as a result of the systematic and automatic use of the measure of detention. In addition, there is no system for assessing vulnerability when migrants are apprehended on the territory and not at entry (and have therefore not passed through the 'first reception' system); and no procedural guarantees exist against unlawful detention. Moreover, migrants' lack of access to legal aid is a very serious concern, as vulnerable people who might be able to successfully challenge their detention are in practice prohibited from doing so. Legal aid is only provided by non-profit organisations, and these have limited resources and capacity to cover the needs of the thousands of detained migrants and asylum seekers in Greece, in particular outside Athens.



## 2.1 UNACCOMPANIED MINORS

One particularly large group is that of unaccompanied minors, who are detained alongside adults for lengthy periods of time, sometimes even when recorded as minors. During MSF's responses in 2013-14, the teams identified more than 100 young people who were most probably minors wrongly registered as adults. Several had documentation from their country of origin proving their age, although this had been disregarded by the police. Some said they had initially concealed their real age, thinking that they would be released sooner if they claimed to be adults; others had no idea that the police had registered them as adults.

Introducing a vulnerability assessment system – in particular an age assessment procedure for people with the appearance of minors – during the apprehension and detention process, and sensitising police officers are both urgently needed. (Such a process was introduced recently in the 'first reception' system.

The current practice of the police is to refer people claiming to be minors – in many cases after long delays – to local health facilities. However, the absence of a protocol and of medical staff with the right training and expertise renders this process highly problematic. In MSF's experience, few of the young people referred for an age assessment by the police – after having already spent several months in detention – were declared minors. Most continued to be detained, even though many received inconclusive medical assessments (for example that their likely 'bone age' was found to be 18 years). In no case was the margin of error (ranging from two to five years, depending on the method of medical examination used) taken into account by the police, nor was the benefit of the doubt considered in favor of the minor.

This practice leads to children being held in detention, with serious consequences for their health and wellbeing.

***"Some months ago I asked to be released, because I am a minor. Many people who are older than me have already been released. I asked many times, but they always refused. I got extremely anxious and was thinking about my family, who I don't have any information about. Since they didn't want to release me, I thought it was better for me to jump off the roof than to stay here. I broke my legs. I was taken to the hospital and then back to Komotini detention centre. I was living with pain on my bed for two months. Now I still have pain in my legs and, when I eat, my teeth are hurting because I hit them against a wall when I jumped."***  
**16-year-old boy, six months in detention**

***"When the police arrested me, I told them that I am 16 years old, that I am young and I am afraid and feel very bad. I have been in detention now for nine months. Since I arrived in Greece I have gone through and seen incredible things – I cannot believe I have gone through these things. I try to drive out the bad images. I try to suppress these images and thoughts and this effort makes me sick. Many nights I have nightmares. I would very much like you to read my story and to think about how a child of my age, without having done any sin, any crime, can be kept in prison for so long. I do not know what is to blame: fate, my country, police officers? I wish no one would ever be in this position. Please think of us."***

**16-year-old boy, nine months in detention**

MSF has raised concerns with the responsible authorities over the indifference of a system that results in minors – who are not recognised as such – being held in detention for lengthy periods of time. However, the authorities have yet to respond with actions to prevent unaccompanied minors from being detained and to ensure their access to safe shelter, education and protection.

## 2.2 DETENTION OF PEOPLE CLAIMING INTERNATIONAL PROTECTION

Another serious cause of concern is the detention of people in need of international protection. Many of the detainees in pre-removal centres and other immigration detention facilities are asylum seekers who may spend several months in detention before a decision is made on their asylum claim. The current practice is that most asylum seekers who apply for asylum while in detention, and sometimes even upon arrival, remain in detention until the final decision on their asylum claim is reached. This practice places many vulnerable people at risk. Investing in alternatives to detention, such as accommodation facilities for asylum seekers and other vulnerable groups, could provide a solution and put an end to the unnecessary suffering of hundreds of people.



It should also be noted that several migrants whom MSF teams met in detention were previously asylum seekers who had not been able to renew their asylum request permits during 2011 and 2012, when very long delays were observed in the renewal process in

Petrou Rali<sup>14</sup>. They were subsequently detained during police checks known as ‘sweeping operations’. As a result, people are in detention even though they were not at fault for failing to renew their asylum permits. Unfortunately difficulties in accessing the new Asylum Service are still putting people who are trying to apply for international protection at risk of being apprehended by police and detained.

MSF teams have also encountered many people in detention who are nationals of countries to which the Greek state has declared it does not carry out forced returns<sup>15</sup>, such as Somalia and Eritrea. In such cases, detention cannot serve the purpose of return and is therefore a disproportionate and futile measure that is also harmful to detainees’ health and wellbeing, especially since people who have fled from such contexts are very likely to have previous experience of violence and psychological trauma.

***“In Greece they have no idea what is happening in Somalia. The tribe to which I belong has been bleeding for 20 years now.”***  
**29-year-old man, five months in detention**

<sup>14</sup> Police directorate for third-country nationals in Athens. It was in charge of the vast majority of asylum applications prior to the formation of the new Asylum Service.

<sup>15</sup> Communication from Greece concerning the case M.S.S. against Belgium and Greece (Application No. 30696/09), 13/11/2013.

# CONCLUSION AND RECOMMENDATIONS

As witnessed by MSF teams on the ground, the immigration detention practice and conditions in Greece not only constitute a violation of national, European and international standards<sup>14</sup>, but also directly harm people's health and undermine their dignity.

Having witnessed the unnecessary suffering and harm which detention inflicts on migrants and asylum seekers, MSF is compelled to denounce the current widespread practice of prolonged and repeated detentions in Greece, which in the two years since the launch of 'Operation Xenios Zeus' has proliferated and affected tens of thousands of people.

## **Greek authorities are strongly urged:**

- To guarantee uninterrupted access to healthcare services for the detained migrant population
- To ensure that vulnerable people are not placed in detention
- To put an end to the systematic and indiscriminate use of detention
- To end immediately the detention of individuals in inappropriate facilities, such as regular police stations and Komotini pre-removal centre.

## **Greek authorities are also urged:**

- To invest in a reception system for asylum seekers and vulnerable people, including Syrians and other nationals fleeing conflict, so as to guarantee their access to shelter, healthcare and other basic services.

**Other European Union (EU) member states and European institutions** cannot continue to shirk their share of responsibility for the current situation. With Greece and other European Union (EU) first-entry countries coming under increased pressure to restrict migration flows into the EU, they cannot be held solely accountable for the harm inflicted on migrants and asylum seekers as a result of detention being used as a deterrence measure. It is a common responsibility and a shared shame.

**EU member states are thus urged** to consider the human cost that restrictive immigration policies inflict on migrants and refugees in their efforts to reach Europe, and to review the widespread and prolonged use of immigration detention in view of its adverse medical and humanitarian consequences.

**European authorities are urged** to put under scrutiny the current detention practice in Greece, which is implemented partly with the use of European funding. European authorities are also urged to provide effective support to Greece to significantly enhance reception system for asylum seekers and other vulnerable groups.

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<sup>14</sup> Directive 2008/115/CE of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals; Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers (recasted); EU Charter of Fundamental Rights; Greek Correctional Code; and UN Standard Minimum rules for the Treatment of Prisoners, 1977.

**OTHER MSF REPORTS ON MIGRATION**

Migrants in detention – Lives on hold, 2009- 2010,  
<http://bit.ly/1o3Y4F5>

Emergency intervention in Evros, 2011, <http://bit.ly/1dvhwpN>

Medical Assistance to Migrants and Refugees in  
Greece ,2013, <http://bit.ly/QjjPSG>